



Washington State Medical Association

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## Physician Orders for Life-Sustaining Treatment

### **POLST ORDER FORM FOR PHYSICIANS**



**YES**, please send me the *POLST form*, free of charge: (specify quantity)

**POLST Form** \_\_\_\_\_ (25, 50, 100)

**Brochure** \_\_\_\_\_ (25, 50, 100)

*These are suggested quantities. If you need a specific amount, please write in the desired number. Please limit your order to 100 brochures.*

#### **PLEASE PRINT THE FOLLOWING:**

**Name** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

*(No PO Box addresses please)*

**Phone** \_\_\_\_\_

#### **Physicians may order as follows:**

Please fax completed form to **Graham Short** at **(206) 441-5863**, or call **(206) 441-9762/(800) 552-0612**, e-mail [gfs@wsma.org](mailto:gfs@wsma.org)